

Community Based Alternatives
Documentation of Services Delivered

SECTION A—PARTICIPANT INFORMATION

1. Name	2. Service Month and Year
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SECTION B—SERVICES

3. Program Provider Name	4. Vendor No.												
5. Method of Delivery (check only one) <input type="checkbox"/> Employee —Name of this Employee/Subcontractor: _____ <input type="checkbox"/> Personal Service Agreement —Name of Individual: _____ <input type="checkbox"/> Direct Purchase (use with service 15, 16, or 22 only)													
6. Authorized Service (check only one) <table><tr><td><input type="checkbox"/> 7—Occupational Therapy</td><td><input type="checkbox"/> 13—Nursing Service</td><td><input type="checkbox"/> 22—Medical Supplies</td></tr><tr><td><input type="checkbox"/> 8—Physical Therapy</td><td><input type="checkbox"/> 15—Adaptive Aids</td><td><input type="checkbox"/> 41-C—Specifications - Adaptive Aids</td></tr><tr><td><input type="checkbox"/> 9—Speech Pathology</td><td><input type="checkbox"/> 16—Minor Home Modifications</td><td><input type="checkbox"/> 41-D—Specifications - Minor Home Modifications</td></tr><tr><td><input type="checkbox"/> 11—Respite Care, In Home</td><td><input type="checkbox"/> 17—Personal Assistance Services</td><td></td></tr></table>		<input type="checkbox"/> 7—Occupational Therapy	<input type="checkbox"/> 13—Nursing Service	<input type="checkbox"/> 22—Medical Supplies	<input type="checkbox"/> 8—Physical Therapy	<input type="checkbox"/> 15—Adaptive Aids	<input type="checkbox"/> 41-C—Specifications - Adaptive Aids	<input type="checkbox"/> 9—Speech Pathology	<input type="checkbox"/> 16—Minor Home Modifications	<input type="checkbox"/> 41-D—Specifications - Minor Home Modifications	<input type="checkbox"/> 11—Respite Care, In Home	<input type="checkbox"/> 17—Personal Assistance Services	
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<input type="checkbox"/> 11—Respite Care, In Home	<input type="checkbox"/> 17—Personal Assistance Services												

Comments:

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SECTION C—RECORD OF TIME

UNIT OF SERVICE:

☐

Hours

☐

Days

☐

N/A

DAY	UNITS	DAY	UNITS	DAY	UNITS	DAY	UNITS	DAY	UNITS	DAY	UNITS	DAY	UNITS	DAY	UNITS
1		5		9		13		17		21		25		29	
2		6		10		14		18		22		26		30	
3		7		11		15		19		23		27		31	
4		8		12		16		20		24		28			
													TOTAL UNITS:		

SECTION D—CERTIFICATIONS

This is to certify that I, the timekeeper, have verified that the units of service were delivered as documented.

This is to certify that I, the employee, provided the services recorded above, or that I completed all work required according to all specifications.

Signature—Timekeeper_____
Date_____
Signature—Employee